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BIBDATASHEET

CONFIRMATION NO. 3637

Bib Data Sheet

SERIAL NUMBER 10/751,743	FILING DATE 01/05/2004 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 16499Z (PC10761B)
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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of 09/938,700 08/24/2001
 which claims benefit of 60/228,989 08/30/2000

**** FOREIGN APPLICATIONS *******
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 6
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TITLE
 Anti-IgE vaccines

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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